

2019 Optima Vantage Plans

Small Groups with 1-50 employees

Plan Names for All Service Areas including Charlottesville (CH) and Rockingham (RK)

This Chart only summarizes standard covered expenses. Exclusions and limitations apply. Additional benefits may be available.

Plan Name	DED Individual Family	MOOP Individual Family	PCP Visit tier 1 / tier 2 physicians	VIRTUAL CONSULT	SPECIALIST tier 1 / tier 2 physicians	OUTPATIENT tier 1 / tier 2 facilities	INPATIENT tier 1 / tier 2 facilities	ED (In or OON)	UCC	PRESCRIPTION DRUG COVERAGE Deductible, if applicable
Optima Vantage Platinum 10/20 Direct	N/A	\$4,500 \$9,000	\$10 / \$20	\$10	\$20 / \$40	\$200 / \$300	\$250 /day (\$1,000 max) \$500 /day (\$2,000 max)	\$250	\$20	Tier 1: \$5 Tier 2: \$35 Tier 3: 20% Tier 4: 20% (\$350 max)
Optima Vantage Platinum 15/35 Direct	N/A	\$3,000 \$6,000	\$15 / \$30	\$15	\$35 / \$70	\$150 / \$250	\$300/day (\$1,200 max) \$600/day (\$2,400 max)	\$250	\$35	Tier 1: \$10 Tier 2: \$40 Tier 3: 20% Tier 4: 20% (\$350 max)
Optima Vantage Platinum 20/20% Rx Ded Direct	N/A	\$3,500 \$7,000	\$20 / \$40	\$20	\$40 / \$80	20% / 40%	20% / 40%	30%	\$40	\$100 Ded p/p* Tier 1: \$15 Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
Optima Vantage Platinum 25/50 Direct	N/A	\$2,500 \$5,000	\$25 / \$50	\$25	\$50 / \$100	\$300 / \$600	\$300/day (\$1,200 max) \$600/day (\$2,400 max)	\$250	\$50	Tier 1: \$10 Tier 2: \$40 Tier 3: 20% Tier 4: 20% (\$350 max)
Optima Vantage Platinum 25/50 Rx Ded Direct	N/A	\$2,500 \$5,000	\$25 / \$50	\$25	\$50 / \$100	\$300 / \$600	\$300/day (\$1,200 max) \$600/day (\$2,400 max)	\$250	\$50	\$100 Ded p/p* Tier 1: \$10 Tier 2: \$40 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
Optima Vantage Gold 35/30% Rx Ded Direct	N/A	\$6,850 \$13,700	\$35 / \$70	\$35	\$70 / \$140	30% / 50%	30% / 50%	40%	\$70	\$100 Ded p/p* Tier 1: \$10 Tier 2: \$40 AD Tier 3: 30% AD Tier 4: 30% AD (\$350 max)
Optima Vantage Gold 500/25/20% Rx Ded Direct	\$500 \$1,000	\$6,000 \$12,000	\$25 / \$50	\$25	\$50 / \$100	20% AD / 40% AD	20% AD / 40% AD	30% AD	\$50	\$100 Ded p/p* Tier 1: \$15 Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
Optima Vantage Gold 1000/20/20% Rx Ded Direct	\$1,000 \$2,000	\$4,500 \$9,000	\$20 / \$40	\$20	\$40 AD / \$80 AD	20% AD / 40% AD	20% AD / 40% AD	30% AD	\$40 AD	\$100 Ded p/p* Tier 1: \$15 Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
Optima Vantage Gold 1000/25/30% Rx Ded Direct	\$1,000 \$2,000	\$4,000 \$8,000	\$25 / \$50	\$25	\$50 AD / \$100 AD	30% AD / 50% AD	30% AD / 50% AD	40% AD	\$50 AD	\$200 Ded p/p* Tier 1: \$15 Tier 2: \$50 AD Tier 3: 30% AD Tier 4: 30% AD (\$350 max)
Optima Vantage Gold 1500/30/0% Rx Ded Direct	\$1,500 \$3,000	\$7,150 \$14,300	\$30 / \$60	\$30	\$60 / \$120	0% AD / 20% AD	0% AD / 20% AD	20% AD	\$60	\$200 Ded p/p* Tier 1: \$25 Tier 2: \$50 AD Tier 3: 25% AD Tier 4: 25% AD (\$350 max)
Optima Vantage Gold 1500/25/20% Rx Ded Direct	\$1,500 \$3,000	\$4,000 \$8,000	\$25 / \$50	\$25	\$50 / \$100	20% AD / 40% AD	20% AD / 40% AD	30% AD	\$40	\$200 Ded p/p* Tier 1: \$15 Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
Optima Vantage Gold 2000/25/30% Direct	\$2,000 \$4,000	\$4,000 \$8,000	\$25 / \$50	\$25	\$50 / \$100	30% AD / 50% AD	30% AD / 50% AD	40% AD	\$50	Tier 1: \$15 Tier 2: \$50 Tier 3: 30% Tier 4: 30% (\$350 max)

A/D = After Deductible * Ded p/p = Deductible per person **MDA = Medical Deductible Applies

Plan Name	DED Individual Family	MOOP Individual Family	PCP Visit tier 1 / tier 2 physicians	VIRTUAL CONSULT	SPECIALIST tier 1 / tier 2 physicians	OUTPATIENT tier 1 / tier 2 facilities	INPATIENT tier 1 / tier 2 facilities	ED (In or OON)	UCC	PRESCRIPTION DRUG COVERAGE Deductible, if applicable
Optima Vantage Gold 2000/25/30% Rx Ded Direct	\$2,000 \$4,000	\$4,000 \$8,000	\$25 / \$50	\$25	\$50 / \$100	30% AD / 50% AD	30% AD / 50% AD	40% AD	\$50	\$100 Ded p/p* Tier 1: \$15 Tier 2: \$50 AD Tier 3: 30% AD Tier 4: 30% AD (\$350 max)
Optima Vantage Gold 2500/35/0% Rx Ded Direct	\$2,500 \$5,000	\$7,150 \$14,300	\$35 / \$70	\$35	\$65 / \$130	0% AD / 20% AD	0% AD / 20% AD	20% AD	0% AD	\$200 Ded p/p* Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 25% AD Tier 4: 25% AD (\$350 max)
Optima Vantage Silver 3000/35/25% Direct	\$3,000 \$6,000	\$7,350 \$14,700	\$35 / \$70	\$35	\$70 / \$140	25% AD / 45% AD	25% AD / 45% AD	35% AD	\$70	MDA** Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 25% AD Tier 4: 25% AD (\$350 max)
Optima Vantage Silver 3700/40/20% Rx Ded Direct	\$3,700 \$7,400	\$7,500 \$15,000	\$40 / \$80	\$40	\$80 / \$160	20% AD / 40% AD	20% AD / 40% AD	30% AD	\$80	\$150 Ded p/p* Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
Optima Vantage Silver 5000/40/20% Direct	\$5,000 \$10,000	\$7,350 \$14,700	\$40 / \$80	\$40	\$80 / \$160	20% AD / 40% AD	20% AD / 40% AD	30% AD	\$80	Tier 1: \$10 Tier 2: \$40 Tier 3: 20% Tier 4: 20% (\$350 max)
Optima Vantage Bronze 6600/30% Direct	\$6,600 \$13,200	\$7,800 \$15,600	\$45/first 3 visits; then 30% AD \$90/first 3 visits; then 30% AD	\$45/first 3 visits; then 30% AD	30% AD / 50% AD	30% AD / 50% AD	30% AD / 50% AD	40% AD	30% AD	MDA** Tier 1: 30% AD Tier 2: 30% AD Tier 3: 30% AD Tier 4: 30% AD (\$350 max)
Optima Vantage Equity PLANS	DED Individual Family	MOOP Individual Family	PCP Visit tier 1 / tier 2 physicians	VIRTUAL CONSULT	SPECIALIST tier 1 / tier 2 physicians	OUTPATIENT tier 1 / tier 2 facilities	INPATIENT tier 1 / tier 2 facilities	ED (In or OON)	UCC	PRESCRIPTION DRUG COVERAGE Deductible, if applicable
Optima Vantage Equity Silver 2700/10% Direct	\$2,700 \$5,400	\$6,000 \$12,000	10% AD / 30% AD	10% AD	10% AD / 30% AD	10% AD / 30% AD	10% AD / 30% AD	20% AD	10% AD	MDA** Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 10% AD Tier 4: 10% AD (\$350 max)
Optima Vantage Equity Silver 3000/20% Direct	\$3,000 \$6,000	\$6,000 \$12,000	20% AD / 40% AD	20% AD	20% AD / 40% AD	20% AD / 40% AD	20% AD / 40% AD	30% AD	20% AD	MDA** Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
Optima Vantage Equity Silver 4000/0% Direct	\$4,000 \$8,000	\$6,650 \$13,300	0% AD / 20% AD	0% AD	0% AD / 20% AD	0% AD / 20% AD	0% AD / 20% AD	20% AD	0% AD	MDA** Tier 1: 0% AD Tier 2: 0% AD Tier 3: 0% AD Tier 4: 0% AD
Optima Vantage Equity Bronze 5400/40% Direct	\$5,400 \$10,800	\$6,650 \$13,300	40% AD / 60% AD	40% AD	40% AD / 60% AD	40% AD / 60% AD	40% AD / 60% AD	50% AD	40% AD	MDA** Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 40% AD Tier 4: 40% AD (\$350 max)
Optima Vantage Equity Bronze 6500/0% Direct	\$6,500 \$13,000	\$6,650 \$13,300	0% AD / 20% AD	0% AD	0% AD / 20% AD	0% AD / 20% AD	0% AD / 20% AD	20% AD	0% AD	MDA** Tier 1: 0% AD Tier 2: 0% AD Tier 3: 0% AD Tier 4: 0% AD

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Optima Health is the trade name of Optima Health Plan, Optima Health Insurance Company, Optima Health Group, Inc. and Sentara Health Plans, Inc. Optima Vantage HMO and POS Plans are underwritten by Optima Health Plan. Optima Preferred Provider Organization (PPO) products are underwritten by Optima Health Insurance Company. All Optima Health plans have benefit exclusions and limitations and terms under which the policy may be continued in force or discontinued. Wellness and rewards programs are administered by Sentara Health Plans, Inc. and are not covered benefits under any Optima Health plan. Value added benefits are not covered benefits under any Optima Health plan. For costs and complete details of coverage, please call your broker or Optima Health at 1-800-745-1271 or visit Optimahealth.com.